	and the second second	10 m	1
		OADD OF UPALT	TH 198
	ARIZONA STATE B	TAL BEATISTICS	
I. PLACE OF BIRTH	STANDARD CERT	FIGATE OF BIRTH	Registered No.
lila		State ans	
County		and ust	m
District or Township.		or Village	Ward Ward
City	No. (If birth occu	urred in a hospital op metitution	n, give its NAME instead of street and number)
2. Full name of child and	the Violet A	aughit	If child is not yet named, make supplemental report, as directed.
3. Sex of Child To be answered	ONLY 4. Twin, triplet or other	6. Legitimate?	7. Date Oct 24, 28
Finale births.		and yes	of birth Month Day Year
	, , ,	14.	MOTHER
B. Full name	Chahx	Full maiden name	da Williams
way of	- working	15 Residence	(1)
9. Residence (Usual place of abode)	watter	(Ugual place of abode)	
If non-resident, give place and str	The ares	If non-resident, give	piace and state.
		16 Color or race	1
10. Color or race	32	while	17. Age at last birthday (Years)
Thite 11. Age	at last birthday (Years)	77000	0
as must store (situs as along) (C	ru	18. Birthplace (city or)	place)
12. Birthplace (city or place).		(State or country)	antaine
(State or country)		19. Occupation	
13. Occupation	-	Nature of industry	Housewife
Nature of industry	man		<u>r </u>
- Alle made	her 2 (a) Born slive s	and now living	21. Were precautions taken against oph- thalmis meonstorum?
20. Number of children of this mot	المطالم ممساكا والأراث	but now dead 2	451
(Taken as of time of birth of child ! certified and including this child.)	(c) Stillborn	4	THE .
	CERTIFICATE OF ATTENDED	you have all the	att
I hereby certify that I attended the	birth of this chue, who was	(Born slive or stillborn.)	
* When there was no attending p or midwife, then the father, hous		11000	2
etc. should make this return. A	hes nor	1 hy m	(Physician or midwife).
shows other evidence of life atte	r birth.	Paro -	(Ethermen or monana).
Given name added from a supplemental report	Address.	1 7500	1 0
Month	, day, year		ONRIN
***************************************	Darielsee		Registrar
45	3-1024-162	•	1
r (, -		

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